

**Comprehensive System  
Management Team**

DEPARTMENT OF ELEMENTARY  
AND SECONDARY EDUCATION

*Division of Special Education*

*Division of Vocational  
Rehabilitation*

DEPARTMENT OF HEALTH &  
SENIOR SERVICES

DEPARTMENT OF MENTAL  
HEALTH

*Division of Alcohol and Drug  
Abuse*

*Division of Comprehensive  
Psychiatric Services*

*Division of Developmentally  
Disabled*

DEPARTMENT OF SOCIAL  
SERVICES

*Division of Children's Service*

*Division of MO HealthNet*

*Division of Youth Services*

DEPARTMENT OF PUBLIC  
SAFETY

FAMILY REPRESENTATIVES

FAMILY-RUN ORGANIZATIONS

*Families as Advocates*

*MPACT*

*NAMI Missouri*

FEDERAL GRANT SITE  
REPRESENTATIVES

*Circle of Hope*

*Show Me Kids*

*St. Charles County Partnership  
with Families*

*Youth in Transitions*

JUVENILE JUSTICE SYSTEM

OFFICE OF STATE COURT  
ADMINISTRATORS

*Staffed by  
THE OFFICE OF  
COMPREHENSIVE CHILD  
MENTAL HEALTH*

**Status of Children's Mental Health in Missouri  
Comprehensive Children's Mental Health Services System  
(System of Care)  
2010 Annual Report  
Presented to the Children's Services Commission**

**Vision**

Assuring that Missouri's children and families receive the mental health services and supports they need.

**Mission**

Every child who needs mental health services and supports from the public mental health system will receive them through a comprehensive seamless system that delivers services at the local level and recognizes that children and their families come first. A comprehensive, seamless system includes health, prevention, early screening, mental health consultation, and direct services as needed by the child.

**Values**

Missouri's public mental health services system for children shall be easily accessible, culturally competent, and flexible to individual needs, accountable to those it serves, and shall result in positive outcomes for children and families.

**Partnership to Develop a Child Mental Health System**

State statute at 630.097 RSMo, established a partnership between the Department of Mental Health (DMH), departments represented on the Children's Services Commission, community stakeholders and families. The legislation may be viewed at <http://www.senate.mo.gov/04INFO/billtext/SB1003.htm>

**The purpose of the partnership is to develop Missouri's Comprehensive Children's Mental Health System.** Implementation of the system is guided by the Comprehensive Children's Mental Health Plan. The plan may be viewed:

<http://www.dmh.missouri.gov/diroffice/depdir/childsvcs/Final%20CCMHP.pdf>

Through Section 630.1000 RSMo, the Office of Comprehensive Child Mental Health (Children's Office) within the DMH leads the development of the Comprehensive Children's Mental Health System. The Office staffs the Comprehensive System Management Team (CSMT) and the Stakeholders Advisory Group (SAG) and Missouri Youth REACCH (Responding through Empowerment and Action to Create Communities of Hope) who lead the system development. The Children's Office also coordinates system consultation to other child-serving departments that are part of the Children's Services Commission.

**Performance and Significant Events of 2010**

**Families Retaining Custody** - The Custody Diversion Protocol continues to prevent Missouri families from having to relinquish custody of their children in order to obtain appropriate mental health services. By the end of fiscal year 2010, 1033 families had been referred into this process. Of those families 991 (96%) had been diverted from custody. Of those diverted, 324 (33%) were supported in their community. This success rate occurs due to effective communication across child-serving agencies established within the "Diversion Protocol" and a commitment of resources responding to the urgent needs of families. Likewise, with interagency communication and collaboration, children can be returned to their parents' custody while still receiving the mental health services they need through a "Voluntary Placement Agreement".

## **Building Infrastructure**

**System of Care Model of Practice** - A Model of Practice for System of Care (SOC) has been approved by the three Department of Mental Health Divisions and the provider community. The Model guides employees' participation and expectations on the state, local, and individual child levels for system of care teams. The document will serve as a template for CSMT member agencies to use as they develop or adapt their own model of practice for participation in system of care activities.

**Language for Working Job Descriptions** – The CSMT developed guidelines for member agencies to incorporate into working job descriptions of employees working with systems of care. The guidelines build on the Model of Practice which calls for modifying working job descriptions to include the vision and application of system of care values and principles. In addition, the language can be used for incorporating the vision and application in requests for proposals (RFPs), contracts, new staff orientations and ongoing staff in-service. CSMT member representatives have agreed to take the language guidelines back for incorporation into their respective agencies.

**Expansion of Sanctioned SOC Sites** - The CSMT invited local coalitions to apply for sanctioning as a SOC site. A special effort was made to invite local "Early Childhood Comprehensive System" teams to consider participating on local SOC teams or reaching out to those who would comprise a SOC team to create a local group to meet around children's mental health issues. As a result two teams applied to become sanctioned: Ray County and Clay/Platte Counties and both were approved. There are now fourteen (14) sanctioned SOC sites in the state.

**Support for SOC Sanctioned Sites** - To build on the expansion effort, The Transformation State Incentive Grant awarded the Children's Office funding to provide five regional trainings for local SOC sites. As the fiscal year closed, trainings were scheduled in August and September in Kansas City, Kirksville, Park Hills, St. Louis, and Springfield.

A SOC Technical Worksheet and Instruction Guide were developed to help local sites identify their system needs. Local sites have expressed a desire to address issues when not staffing cases. The worksheet guides them through the process.

**Ensure Family Participation** – Family members and youth are encouraged to participate in SOC activities at all levels. Their expertise both as parents and as participants in services is valued and needed. The work should have stipends and/or expense reimbursement provided. However, most families and youth receive no reimbursement at all and may experience income loss for participating. Professionals attending those meetings do so as part of their job and salary. The SAG met its strategic plan goal by developing Stipend Policy Guidelines which were adopted by the CSMT and the Transformation Working Group (TWG). The St. Louis City/County SOC site has accepted the challenge and will be offering stipends or gas cards to the families and youth who participate on its governing body.

**School Mental Health Workgroup** – In June, 2009, the Children's Services Commission requested that DMH lead a multi-stakeholders school mental health workgroup to develop a set of recommendations to promote school mental health. DMH asked the TWG to lead the effort since school mental health is a major objective in the TWG's *Comprehensive Plan for Mental Health*. The TWG

appointed the workgroup and developed a charter to ensure SOC values. Meeting over four months, seven recommendations were developed. Due to fiscal constraints, three were tabled and four were presented to the Children's Services Commission in February, 2010. The recommendations are:

- Appoint a School Mental Health Steering Panel as an ad-hoc committee of the Comprehensive System Management Team. (Rs Mo 630.077)
- Support and enhance the Department of Elementary and Secondary Education's (DESE) three-tiered model, a major effort already underway between DESE and DMH.
- Explore opportunities to integrate "Show Me Bright Futures" principles and practices with school mental health efforts.
- Include school mental health as part of the development of DESE's major educational reform proposal titled, "Race to the Top".

**Communities of Hope** – The Communities of Hope Initiative is a cornerstone of the state's efforts to transform its mental health system to make it more responsive to actual need by using a public health model of service delivery. The TWG awarded eight contracts to community coalitions to expand local efforts on mental health and substance abuse issues. Four of the awards focused on children and youth issues such as substance abuse prevention, teen suicide prevention, child abuse prevention, and mental health across the lifespan. The four awards focused on children are: (1) St. Joseph Youth Alliance – St. Joseph, (2) Tri-County Mental Health Services – KC: Local community/school district related teams, (3) Community of the Ozarks – Springfield: Stone County Juvenile Drug Court Team, and (4) Randolph Co. Caring Community Partnership – Moberly.

**Bright Futures** - Bright Futures is a mental health transformation initiative – managed by a state-level interagency team – that engages communities to implement a public health model to prevent mental illness and plan for the healthy, physical, social, and emotional development of their children. The centerpiece of Bright Futures is a comprehensive set of health supervision guidelines for children from birth through age 21. Three Missouri communities – Moberly, Rolla, and Joplin – currently are participating in a three-year project to implement Bright Futures using a \$300,000 grant awarded by the Missouri Foundation for Health and \$75,000 from the DMH Transformation Initiative. Missouri's Bright Futures Team was selected as the winner of the 2009 Governor's Award for Quality and Productivity (GAQP) in the Innovation category.

**Missouri Youth REACCH** – Responding through Empowerment and Action to Create Communities of Hope (REACCH), a statewide organization of young people who provide a youth voice to mental health policy, received a Children's Mental Health Awareness Week mini-grant from NAMI Missouri again in May, 2010. The funds were used to prepare and distribute 2,500 "Green Ribbon Campaign" ribbons attached to an informational business-size card to be worn the week of May 2 – 8, 2010. A strategic planning session was held in June. Two categories, Awareness and Advocacy, were identified to focus their efforts. To begin they agreed to increase their numbers by inviting more youth to participate and to work on a policy issue identified by the Children's Office staff.

## **Array of Services and Supports**

**Services for Youth in Foster Care** - Several agencies represented on the CSMT are assisting the Department of Social Services (DSS) in implementing an action plan that came out of the “Blue Ribbon Report on Aging-Out Foster Children” and in overseeing the coordination of health care for youth in foster care.

**Family Support Worker Training** – This unique service assigns a trained worker to a family whose child is receiving mental health services usually through a community mental health center setting. The Division of Comprehensive Psychiatric Services (CPS) within DMH continued to train family members as family support providers. Two trainings were held which added seven new providers to the workforce in St. Charles and three in Kansas City for a total of ten new Family Support Workers.

**National Wraparound Initiative (NWI)** – The CSMT endorsed high-fidelity wraparound as the model for providing service planning for families and children with mental health needs. Because wraparound is a family driven, child focused process that requires integration of all available services and is based on integrity to principles that are in line with SOC values and principles, the CSMT believes that this planning process is best suited to meet the needs of families, children, and youth who seek mental health services in Missouri. The use of the term high-fidelity implies adherence and faithfulness to defined practices and principles as established by the NWI. High-fidelity wraparound has been shown to provide strong positive outcomes for families, children, and youth. The CSMT is supporting the DMH Division of CPS with various work products as it works toward statewide implementation of the practice.

**Healthy Transitions** - The DMH received a federal Substance Abuse and Mental Health Services Administration (SAMHSA) grant to be implemented in Jackson County addressing transition-age youth. Working with the Jackson County SOC team and community agencies, an evidence-based practice, comprehensive transition approach for youth and young adults, between the ages of 16-25, with severe emotional disturbance (SED) and/or serious mental health problems is being developed and implemented. A state level team, required by the grant, has been developed to address state level policy issues across departments concerning transition age youth.

**Children’s Health Insurance Program (CHIP)** – The Children’s Office is facilitating a DMH committee on Health Care Reform as it relates to the Children’s Health Insurance Program (CHIP).

**Children with Co-occurring Issues** - DMH implemented a protocol for coordinated service planning and offered it to other state agencies as a template for their work with children who have co-occurring issues.

## **Stakeholders Are Educated**

**Mental Health First Aid** – Fourteen individuals representing the Moberly School District were certified as Mental Health First Aid (MHFA) instructors following a five-day instructor's course held in June. MHFA during which district employees -- and eventually parents -- will take part in the 12-hour course that educates participants about mental disorders and teaches first-response techniques used with

adults who may be experiencing a mental health-related crisis. The school district will serve as a pilot for the state and the nation in how this training program can work within a school setting.

**Website** - The statewide System of Care website, <http://mosystemofcare.com> continued to make improvements to the layout and features. The website includes information of interest to all audiences within the stakeholder community including families, youth, providers, agencies, courts, schools, etc.

**Families as Advocates (FAA)** - A statewide family network, continued to receive funding from SAMHSA. They have been working toward connecting the small local family groups around the state. For four years, they have hosted an annual Family and Youth Leadership Conference.

### **Future Plans**

- Seek new sanctioned SOC sites.
- Continue moving SOC values and principles throughout child-serving agencies.
- The CSMT will review the Comprehensive Children's Mental Plan.
- Both the CSMT and SAG will update their strategic plans.
- A pilot will be implemented to restructure the work process for CSMT.